

No. W 17382

Due no later than December 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

LAKE PEND OREILLE EMERGENCY MEDICIN
KEN GRAMYK MD
PO BOX 729
SAGLE, ID 83860KEN GRAMYK MD
3734 LAKESHORE DR
SAGLE, ID 83860NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

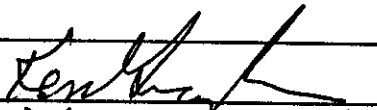
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Ken Gramyk	PO Box 729	Sagle	ID	83860
Vice					
Secretary	William Wheeler	PO Box 27	Lakeide	ID	83841
Treasurer					

5. Organized Under the Laws of:

IDAHO
W 17382

6.

Signature



Date

11/4/08

Name (Typed or Printed)

Ken Gramyk

Title

President

Issued 10/01/2008

Do Not Tape or Staple

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